

DEC 10 2004

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC11150TH
In re Application of	Frank K. Baker, Jr.	
Application Number	09/772,830	
For	A MEMORY SYSTEM AND METHOD OF ACCESSING THEREOF	
Group Art Unit	2188	Group Art Unit 2188
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 410.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 930.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1450.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1970.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 41,711)	
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)	
Date <u>12/10/04</u> Signature <u>David G. Rofezul</u> Type or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted		
to: Commissioner for Patents, Alexandria, VA 22313 on this date: <u>12/10/04</u>		
Typed or printed name	<u>ELAMINE COY</u>	
Signature	<u>Elamine Coy</u>	

01/05/2005 EXHIBIT 0003 503079

01 FC:1251 400.00 DA
02 FC:1401 500.00 DA